



EQUAL EMPLOYMENT OPPORTUNITY QUESTIONNAIRE/AFFIDAVIT

NORTH DAKOTA DEPARTMENT OF LABOR

SFN 14543 (Rev. 05-2002)

Department
Use Only

Date NDDOL Contacted

Initials

Your Name			Telephone Number	
Address	City	State	Zip Code	County
If we can't reach you directly, provide NAME and TELEPHONE NUMBER of a person (not within your household) that we can call:				

THE DISCRIMINATION WAS BECAUSE OF:	THE ACT(S) OF DISCRIMINATION WERE RELATED TO:
<p>Check ALL that apply</p> <p><input type="checkbox"/> Race: _____ (What is your race)</p> <p><input type="checkbox"/> Color: _____ (What is your color)</p> <p><input type="checkbox"/> Religion: _____ (What is your religion)</p> <p><input type="checkbox"/> Sex: <input type="checkbox"/> M <input type="checkbox"/> F (Check One)</p> <p><input type="checkbox"/> National Origin: _____ (What is your national origin)</p> <p><input type="checkbox"/> Age* _____ *If AGE Discrimination, provide Date of Birth</p> <p><input type="checkbox"/> Disability</p> <p><input type="checkbox"/> Marital Status <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> S (Check One)</p> <p><input type="checkbox"/> Sex/Pregnancy</p> <p><input type="checkbox"/> Status with regard to Public Assistance</p> <p><input type="checkbox"/> Retaliation (<i>Retaliation means you have filed a charge in the past, testified, or opposed discrimination at work.</i>)</p> <p><input type="checkbox"/> Other _____</p>	<p>Check ALL that apply</p> <p><input type="checkbox"/> Failure to Hire</p> <p><input type="checkbox"/> Failure to Promote</p> <p><input type="checkbox"/> Pay/Compensation</p> <p><input type="checkbox"/> Demotion</p> <p><input type="checkbox"/> Accommodations</p> <p><input type="checkbox"/> OTHER Conditions of Employment (Explain below)</p> <p><input type="checkbox"/> Hostile Environment</p> <p><input type="checkbox"/> Harassment</p> <p><input type="checkbox"/> Sexual Harassment</p> <p><input type="checkbox"/> Discharge</p> <p><input type="checkbox"/> Constructive Discharge (Forced to Resign)</p>

Name of Company/Organization that you believe discriminated and/or retaliated against you.			Telephone Number	
Address	City	State	Zip Code	County
Contact Person (owner, CEO, HR Director, Manager, etc.)	Title		Telephone Number	
Immediate Supervisor	Title		Approximate No. of Employees:	
Other Supervisor	Title		Last Date of Discrimination:	

PLEASE ATTACH STATEMENT that describes what happened including: background history; a brief description of your work; how and/or why you feel discriminated against; by whom; when; where. Be sure to include supporting evidence such as witnesses, witness statements, and documents when possible. Please keep your statements relative to the basis of the charge. Be sure to include all dates (day, month, year) and names as accurately as possible. **If filing an ADA (American with Disabilities Act) charge please provide appropriate medical documentation.**

WORK HISTORY (with the above company): Please answer the following: Use "N/A" if information not available or unknown at this time.				
Date(s) Applied:	Position(s) Applied For:			
Date(s) Interviewed:	Interviewed by (Name(s) & Titles):			
Date of Employment:	Hired by (Name(s) & Titles):			
Position When Hired:	Rate of Pay: (check one)	Est. Monthly Salary:		
	\$ Per: Hr. Day Mo. Yr.	\$		
Current Position: (If still employed)	Rate of Pay: (check one)	Est. Monthly Salary:		
	\$ Per: Hr. Day Mo. Yr.	\$		
Last Position Held: (If not employed)	Rate of Pay: (check one)	Est. Monthly Salary:		
	\$ Per: Hr. Day Mo. Yr.	\$		

OVER

With regard to the employment actions taken against you (termination, demotion, fail to hire), please explain the reason(s) given by the company for their action(s). Include names and dates when appropriate.

PLEASE LIST ANY EMPLOYEES WHO WERE TREATED DIFFERENTLY THAN YOU. Attach Additional Sheets As Necessary.

NAME	TITLE	NAME	TITLE

"X" ANSWERS TO THESE QUESTIONS - EXPLAIN "YES" ANSWERS - Attach Additional Sheets As Necessary

QUESTION	NO	YES	NA	DATE	EXPLANATION OF "YES" ANSWERS
Did you ever complain to your boss or the company about discriminatory acts against you by anyone on the job?					
Are you covered by a union or collective bargaining agreement?					
Did you complain to a union about discriminatory acts?					
If the company has a grievance procedure/policy, did you file a grievance ? If so, when?					
Have you filed a charge of discrimination with another agency? If so, with whom?					

WITNESSES WHO CAN SUPPORT YOUR ALLEGATIONS - Attach Additional Sheets As Necessary

NAME	WORK RELATIONSHIP	ADDRESS	PHONE NUMBER

REMEDIES YOU ARE SEEKING FOR RELIEF IN THIS CHARGE (Describe what it would take to resolve the issue(s) you are alleging)

RETURN TO:

North Dakota Labor Department
State Capitol--13th Floor
600 E Boulevard Ave Dept 406
Bismarck ND 58505-0340

The information I have provided above is correct and complete to the best of my knowledge and belief. This complaint form and any accompanying statements must be signed in order to process a charge of discrimination.

I declare under the penalty of perjury that the foregoing is true and correct.

Your Signature

Date Signed